



**City of Angels  
Planning Department**

200 B Monte Verda Street  
Angels Camp, CA 95222  
(209) 736-1346 (phone) ♦ (209) 736-9048 (fax)

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**SIGN PERMIT APPLICATION**

**Name of Business:** \_\_\_\_\_  
*(for which sign is proposed)*

**Project Site Address:** \_\_\_\_\_

**Assessor's Parcel Number(s):** \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Business Owner's Name:** \_\_\_\_\_ **City of Angels Bus. Lic.#** \_\_\_\_\_  
*(If other than owner)*

**Phone:** (    ) \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_  
*(If other than owner or business owner)*

**Phone:** (    ) \_\_\_\_\_ **Fax:** (    ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

1. ☐ New Sign or ☐ Alter Existing Sign or ☐ Relocating Existing Sign or ☐ Sign Variance

2. A. Length of Building Frontage (feet) \_\_\_\_\_

B. Height of Building Front (feet) \_\_\_\_\_  
(excluding parapets and/or false fronts)

3. Total Square Footage of Proposed Sign(s) \_\_\_\_\_

4. A. Number of Existing Signs \_\_\_\_\_

B. Total Square Footage of Existing Signs \_\_\_\_\_

C. Will Existing Signs be Removed? \_\_\_\_\_

5. Is the property subject to a Master Sign Plan? \_\_\_\_\_

OVER

I hereby certify that I own the subject property, and do agree to grant permission to the business owner to apply for signage for their business.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

I hereby certify that I own the business and agree to pay fees as specified in the City of Angels Application Fees schedule. Furthermore, I agree to comply with Chapter 15.12 of City of Angels Municipal Code and all other applicable regulations and am familiar with the requirements that apply to this application. I understand that incomplete applications or those not in compliance with the Municipal Code will not be scheduled for review and will be returned to the Applicant.

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

Both property owner & business owner agree that all signs will be removed within seven (7) days of business closure. If not done in thirty (30) days, property owner will be cited.

OR

\_\_\_\_\_  
Signature of Applicant/Agent  
(If other than owner or business owner)

\_\_\_\_\_  
Date

**PLEASE NOTE THAT A BUILDING PERMIT MAY BE REQUIRED  
FOR SIGN INSTALLATION**

***For Office Use Only:***

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ New Sign \$120.00 (each)  
\_\_\_\_\_ Alteration/Relocation of Existing Sign \$30.00 (each)  
\_\_\_\_\_ Sign in Historic District \$80.00 (each)  
\_\_\_\_\_ Sign Variance \$1,135.00  
\_\_\_\_\_ Signs that require a Conditional Use Permit  
\$1,800.00 Deposit  
\_\_\_\_\_ Master Sign Plan \$1,800.00 Deposit

Check No.: \_\_\_\_\_

## SIGN PERMIT APPLICATION REQUIRED SUBMITTALS

1. **Provide one copy of the sign elevation drawn to a minimum of 1/2" = 1'- 0" on 8-1/2" by 11" or 11" by 17" paper.** Include: a) accurate dimensions of sign, b) size of lettering, c) colors of background and lettering, d) location on building, e) location and type of external lighting, and f) height above finish grade. For pole signs and freestanding signs, submit a site plan, drawn at 1/8" = 1 foot or 1" = 10 feet, showing location of the building, property lines, sidewalks, streets and driveways, any easements and the location of the proposed sign. Applications without above requirements a) through f) will not be processed.
2. **Checklist (see below)**
3. **Photograph(s) of building showing where the sign(s) will be located**

### SIGN CHECKLIST:

#### Sign Materials

- ☐ Metal
- ☐ Wood
- ☐ Plastic
- ☐ Painted Wall or Window
- ☐ Other \_\_\_\_\_

#### Sign Lighting

- ☐ Spotlight
- ☐ Back-lit
- ☐ Neon
- ☐ Other \_\_\_\_\_
- ☐ No lighting proposed

#### SIGN TYPE

- ☐ Pole Sign (**requires conditional use permit**)
- ☐ Free Standing
- ☐ Hanging
- ☐ Wall
- ☐ Window
- ☐ Other: \_\_\_\_\_

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### ACTION:

(For Office Use Only)

#### Planning Commission

- ☐ Approved
- ☐ Approved with conditions
- ☐ Denied

#### Planning Staff

- ☐ Approved
- ☐ Approved with conditions
- ☐ Denied

Planning Director: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to Building Department: \_\_\_\_\_